

CONFERENCE AUTHORIZATION
 (INCLUDED WORKSHOPS, SEMINARS, TRAINING COURSES, ETC.)
 (FORM REQUIRED WHETHER OR NOT COSTS ARE INVOLVED)

I. GENERAL _____ (Attach Copy of Agenda)

1. Title of Conference _____
2. Purpose of Conference: _____
3. Sponsored By: (Division/Office) _____
4. Co-Sponsored By (Other than Div/Office) _____
5. Contact Person: _____ Phone: _____
6. Conference Location: (Copy of contract with facility must be attached)
 - a. State Facility: _____
 Location: _____
 - b. *Non-State Facility: _____
 Location _____

*If Non-State Facility, please explain why a state facility was not used:

7. Dates(s) of Conference _____
8. Estimated Attendance: _____

II. BREAK DOWN OF ESTIMATED COST

1. Rent of Space @ \$ _____ per day x _____ # of days \$ _____
2. Breaks: Limited to \$4.00 per day per person \$ _____
 Yes No Amount \$ _____ x # people _____ x days _____ \$ _____
3. Meals: Yes No Amount \$ _____ x # people _____ x days _____ \$ _____
4. Speaker Fees: (Total cost of ALL speaker services brought forward from reverse side) \$ _____
5. Non-State Employee Cost: Total cost of all non-state employees brought forward from reverse side \$ _____
6. Miscellaneous Expenses: (Total brought forward from reverse side) \$ _____
7. Total Cost: (Sum of items 1, 2, 3, 4, 5, and 6) \$ _____

III. METHOD OF PAYMENT

1. Lump Sum Payment: Yes No Total \$ _____
 Line Item Budget From Which Funds Will Be Transferred:
 Budget Code _____ Fund _____ FRC _____
 RCC _____ Object _____
2. Payment By Registration Fees: Yes No \$ _____
 - a. Total Cost:(Line 7, Part II) \$ _____
 - b. Registration Fee: (Compute by dividing line 2.a, Part III, by Estimated Number attending)
 Per Person \$ _____ Round up to next dollar \$ _____
 - c. Registration Fees Collected (Registration Fee X Estimated Number Attending) \$ _____
 - d. Receipts in Excess of Estimated Costs (Line 2.c., Part III minus line 2.a., Part III) \$ _____

IV. EXPLANATION IF COST FOR ANY ITEM EXCEEDS ESTABLISHED RATES:

V. NO COST INVOLVED IN CONFERENCES:

Requested By:	Budget & Accounting	DHHS Authorization
_____ Signature Date	Funds Available: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Signature Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
	Assistant Director Approval <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____ Assistant Director Date	Division/Office Director Approval (If Required) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____ Director Date

Item II.4: Speaker Fees:

If more than one speaker is involved, list each one separately on an attached page using the following format. Total all speaker cost and transfer that total to the front of this form. Final charges cannot be greater than amounts shown on this form. In addition, the following form must be attached: Brief Resume per speaker, a Personal Services Contract per speaker to cover fees and a BD-10-8 if travel is involved. If a state employee, dual employment form CP-30 and approval letters must be completed.

Name _____

Agency/Business Name: _____

Mailing Address: _____

Is Speaker: Non State Employee State Employee:

Dates of Service: _____ Total Fee Charged: \$ _____

Subsistence Cost:

Meal Cost \$ _____ x # of Days _____ Total: \$ _____

Lodging Cost \$ _____ x # of Days _____ Total: \$ _____

Total Subsistence Cost \$ _____

Travel Cost:

Mileage (round trip) _____ @ _____ cents per mile \$ _____

*Air Fare (round trip) _____ \$ _____

Total Travel Cost \$ _____

Total Speaker Fee Cost \$ _____

*Please indicate whether purchased by Division/Office Speaker

Item II.5: Non-State Employee Travel and Subsistence Cost:

If the State is paying travel and subsistence for non-state employees, use the following format to list each employee and their cost on a separate sheet and attach to this form. total all employee costs and transfer t the front to this form. Form BD 10-8 must also be attached.

Non-State Employees Name: _____

Employer Name: _____

Subsistence Cost:

Meal Cost \$ _____ x # of Days _____ Total: \$ _____

Lodging Cost \$ _____ x # of Days _____ Total: \$ _____

Total Subsistence Cost \$ _____

Travel Cost:

Mileage (round trip) _____ @ _____ cents per mile \$ _____

*Air Fare (round trip) _____ \$ _____

Total Travel Cost \$ _____

Total Speaker Fee Cost \$ _____

*Please indicate whether purchased by Division/Office Speaker

Item II.6. Miscellaneous Expenses:

Postage \$ _____ Other List Below _____

Liability Insurance _____ \$ _____

*Personnel Cost _____ \$ _____

Printing _____ \$ _____

Supplies _____ \$ _____

Equipment _____ \$ _____

Total (Transfer to first page of form) \$ _____

*Specify grade, Length of time needed and monthly salary.